

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT 5

COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	me		
Committee to Elect Jackie Laures	School	800 -	.1
2. Acronym or Abbreviated Name (if any)	3. Committee Te	elephone Number	L
	(812) 243-3066		
4. Mailing Address (address where all campaign finance correspondence is received) Chec	ck if this is a new		000
IId Heritage Lane West	on it tillo lo a fict	w address	
o. Oily, State, ZIP Code	3. Party Affiliation	n (if applicable)	
Terre Hause, IN 47803	_		
CANDIDATE INFORMATION (For Candidate's Con	nmittees Only	()	
7. I dii Name di Candidate (include any nickname)		n or If Independen	t Candidate
suggetine Lee Lower (Jackie)	_	or it inapportact	Candidate
9. Office Sought (Include district number if any Not required for	0. County of Re	esidence	
School Board member (District 1)	Vigo		
TYPE OF REPORT		CONVENTION	CANDIDATES ONL
11. Check one:		Check one:	· OANDIDATEO ONE
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organical Committee (lines 18, 19, and 20 must be "0")	anization)	Post-Conv	
12. Reporting Period:		OLUMN A	
From: April 9, 2016 Through: October 14, 2016		is Period	COLUMN B Year to Date
are the investments at the beginning of this reporting period		0	
14. Cash on hand and investments January 1, current year.			
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A)			
15b. Unitemized	621	8.38	
15c. Add lines 15a and 15b in both columns	115	1. 50	
SUBTULE	L 173	69.88	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		88.09	
EXPENDITURES		1.00	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Unitemized	651	3.13	
17c. Add lines 17a and 17b in both columns SUBTOT.	AL 651	3113	
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)		e.75	
9. Debts OWED BY the committee (use Schedule D)		0,75	
20. Debts OWED TO the committee (use Schedule E)			
CEPTIFICATION		D	ECENTE
CERTIFICATION CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE,	CODDECT AND A		OFFICE USE ONLY
Signature of Treasurer Title	CORRECT AND C	OMPLETE. Da	vid R. Crock

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9.4-16 IC 3-9.

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Signature of Candidate (if applicable)

Title Treasurer

Date

10-20-16

David R. Crockett

OCT 20 2016

Clerk of the Vigo Circuit Court



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE	DATE RECEIVED
Shagley Law Firm Lowery Ohio St	Contributions: Direct In-Kind (describe)	\$150.00	YEAR-TO-DATE	9 /29/16
Terre Haute, IN Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	oman s'adindeto	un empires a.c.	W THATRIDE
Jackie Lower 712 Heritage Ln W Terre Haute, IN	Contributions: Direct In-Kind (describe) Other Receipts:	500.00	90 MONUEN	8/9/16
Contributor's Occupation (if required)	Interest Loan Misc. (specify)	MODE EINE THE	DUNT THIS RE	SHERRIK A. AND SHERRIK A. AND SHERRIK OUT THE R
Jackie Lower	Contributions: Direct In-Kind (describe)	200.00	ABY BWILLIU AND D'AND	8/12/16
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	th, day, and vital the chark or no a core beliefs at	Enter the mo	THE SHOENE date the con
Jackie Lower	Contributions: Direct In-Kind (describe)	600.00	unmoderii iste	9/29/16
A BLUCK AND LAST EAGE OALLY DIE 1952. CONTROL CAST EAGE OALLY DIE 1952.	Other Receipts: Interest Loan Misc. (specify)	THO A LIVER	DE HO BECAL	TAL OF ALL
Contributor's Occupation (if required)5.				eng list to knuts
Jackie Lower	Contributions: Direct In-Kind (describe)	2100.00		9/30/16
Contributaria Consenting (Consenting)	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
TOTAL OF ALL PAGES OF SQUEETING	HIS PAGE OF SCHEDULE A	\$3550.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY	\$		



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FILE NUMBER				
Page	<u>Q</u>	of	A	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Jackie Lower	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	1153.92	- LAICIO-DATE	8/4/14
Contributor's Occupation (if required)				
Jackie Lower	Contributions: Direct In-Kind (describe) Other Receipts:	1000.00		7/18/16
	Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
Jackie Lower	Contributions: Direct In-Kind (describe)	514.46		8/1/16
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
Contributorio Constitutorio Constitutorio	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$2668.38		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LACT DAGE ONLY	\$ 6218.38		



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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER		
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Page	of	

				age	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE
Lamar		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1490.00		9/30/16
Woodburn Recognition Plus as s. 6th st Terre Haute, IN 47808	EMORATICADO ESTRADORA EMORATICADO ESTRADORA EN UNA RESENSOR DE EMORA ESTRADOR DE EMPRENDITORIOS ESTA	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Yard 51976	1043.25	ppicas in the first of the firs	9/30/16
WTHI-TY	NUMPOSE OF EXPENDINGS NUMPOSE OF EXPENDINGS NUMPOSE OF EXPENDINGS COLUMN A AMOUNT THIS PE	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	830.00	The state of the s	9/30/16
T-shirt 1	SWITE A THUS BY WHILE OF THE SALE OF THE S	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	481.50	gnielesbro-1	8/12/16
Epromos		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1153.92	A grant to ha	8/4/14
Lamar _		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1000,00		7/18/16
T-shirt 1	TO SDAY DRIV TO JUTO TON	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	514.46	white my new particular and particul	8/7/16
TOTAL OF ALL DAG	SUBTOTAL THIS PAGE	OF SCHEDULE B	\$ 6513.13		
TOTAL OF ALL PAGE	ES OF SCHEDULE B ON THE I (Enter total on ITEM 17a of the	AST PAGE ONLY e Summary Sheet)	\$6513.13		



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(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	NDORSER'S OR VENDOR'S AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
	(street, number, city, state, ZIP code)	NATURE OF DEBT			
Jackie Lower 112 Heritage Ln W Terre Haute, LENDERS OCCUPATION: JN 4780	8	856,75	M Clea Sha Shan Sha Shan If wa annibo ^S a	SPODICY S	La Prince
LENDER'S OCCUPATION:					
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LENDER'S OCCUPATION:	nadi ii . C stutentis to egge at	vsi halatakan puh nami	en a hanne	02 30 B049 d	
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ENDER'S OCCUPATION:					
ENDER'S OCCUPATION:					
					\$
	TOTAL OF ALL P	AGES OF SCHEDULE I (Enter total on ITE	O ON THE LAS	T PAGE ONLY	\$